

FIG. 1



200

FIG. 2

FIG. 3

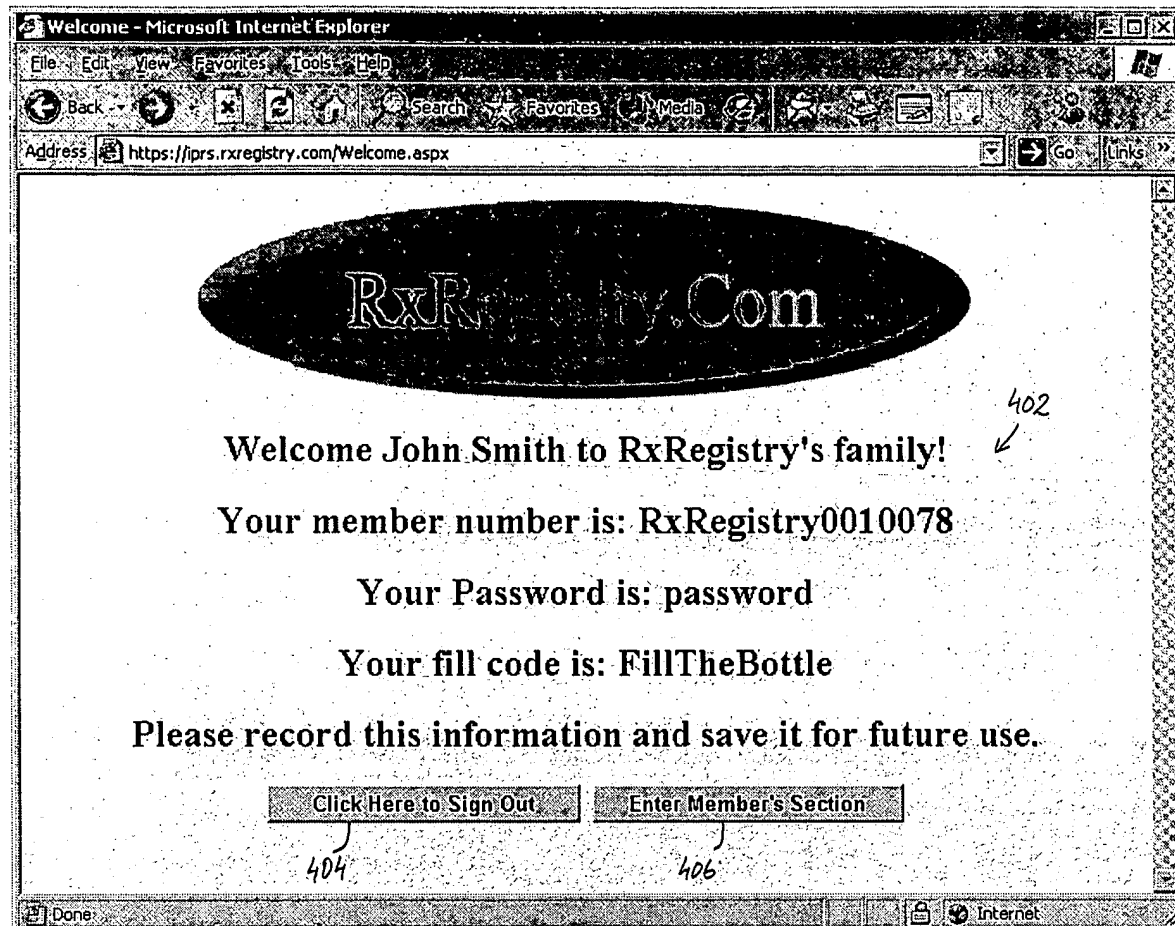


FIG. 4

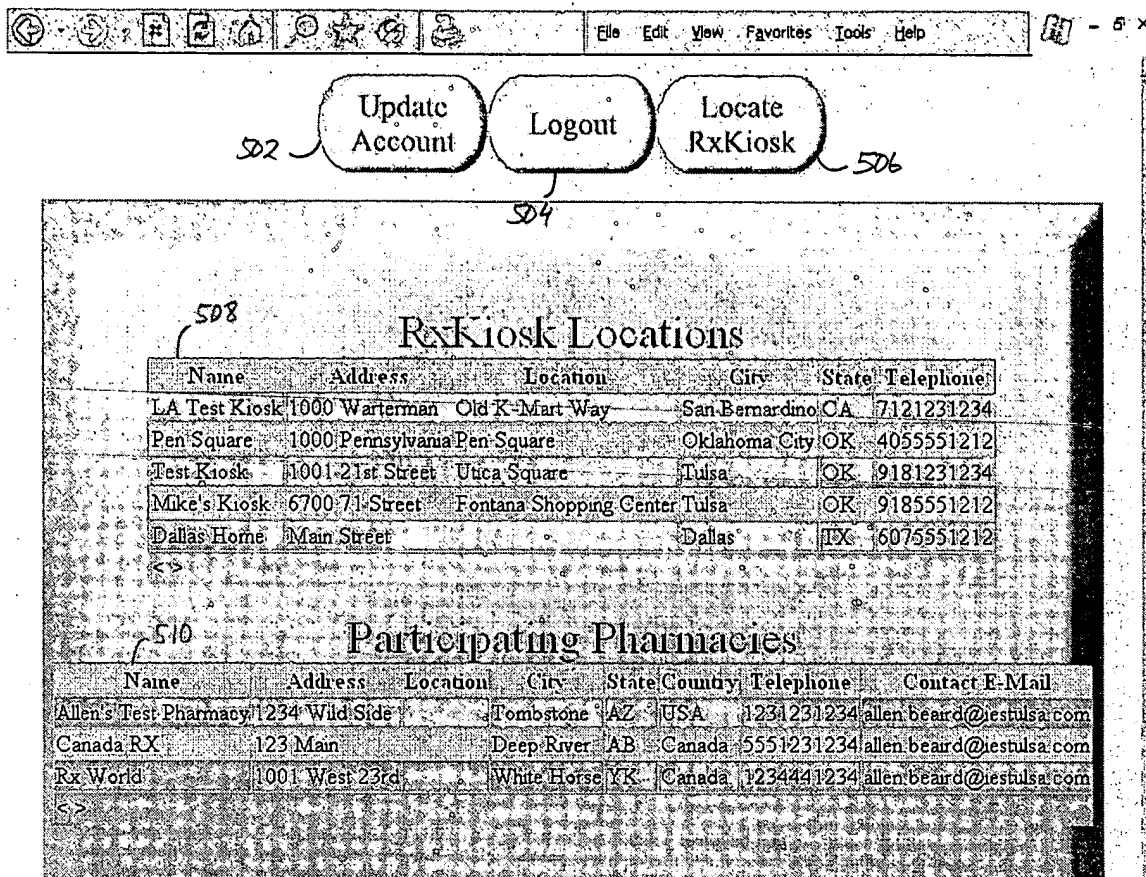



FIG. 5

File upload in ASP.NET - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites Media Print Mail

Address: https://iprs.rxregistry.com/Kiosk.aspx Go Links



Welcome RxKiosk1

Step 1-Verify the Customer's Name and Address.

Has the customer given you his correct user account information?

Enter Member Account: RxRegistry 0010067

Click to Verify

604 Name: Allen Beard 602

Address: Address1 606

City City 608

I have validated this customer's name and address.

[Click here to log out.](#)

Done Internet

600

FIG. 6

702

700

704

Click to Register

(Required entries are labeled in Bold Text.)

Physician's Name:

Clinic Name:

Patient Given Name:

Patient Second Given Name:

Patient Surname:

Shipping Address Line 1:

Shipping Address Line 2:

Shipping City:

Shipping State:

Shipping Zip:

Medication Name:

Generic Name:

Dosage:

Form:

Quantity:

Refills Remaining:

Total Refills:

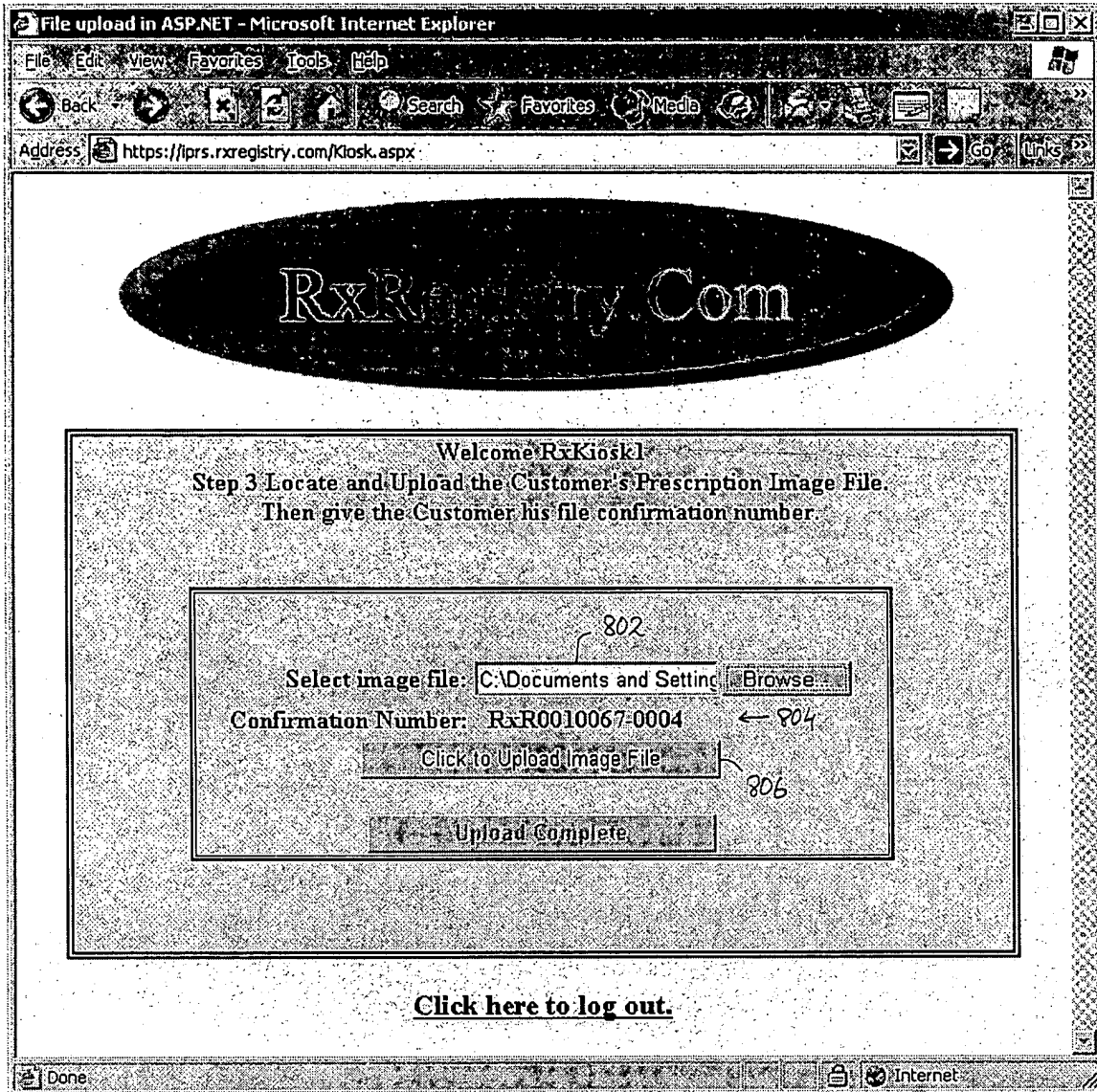
Date Originally Filled:

Date Last Refilled:

Refill Phone Number:

Registration Number:

FIG. 7



800

FIG. 8

Subscriber - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Reload Home Search Favorites Media

Address http://localhost/IPRS/Subscriber.aspx Go Links

RxRegistry.Com

Welcome RxSubscriber!

Step 1 Verify the Customer's Name and Address:
Has the customer given you his correct user account information?

Enter Member Account: RxRegistry

Name:

Address:

City:

[Click here to log out.](#)

Done Local intranet

900

FIG. 9

Subscriber - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media

Address http://localhost/IPRS/Subscriber.aspx Go Links

Welcome RxSubscriber!

Step 2 Enter the customer's prescription number and fill code.
Then verify or update the customer's shipping address.

Enter Customer's Prescription Number & Fill Code:

RxR0010067- 0003

Enter Fill Code: fillherup

Click to Verify Shipping Address

Patient Given Name: Allen

Patient Midname:

Patient Surname: Beaird

Shipping Address Line 1: 1001 Main Street

Shipping Address Line 2: Apt E4

Shipping City: Jenks

Shipping State: OK

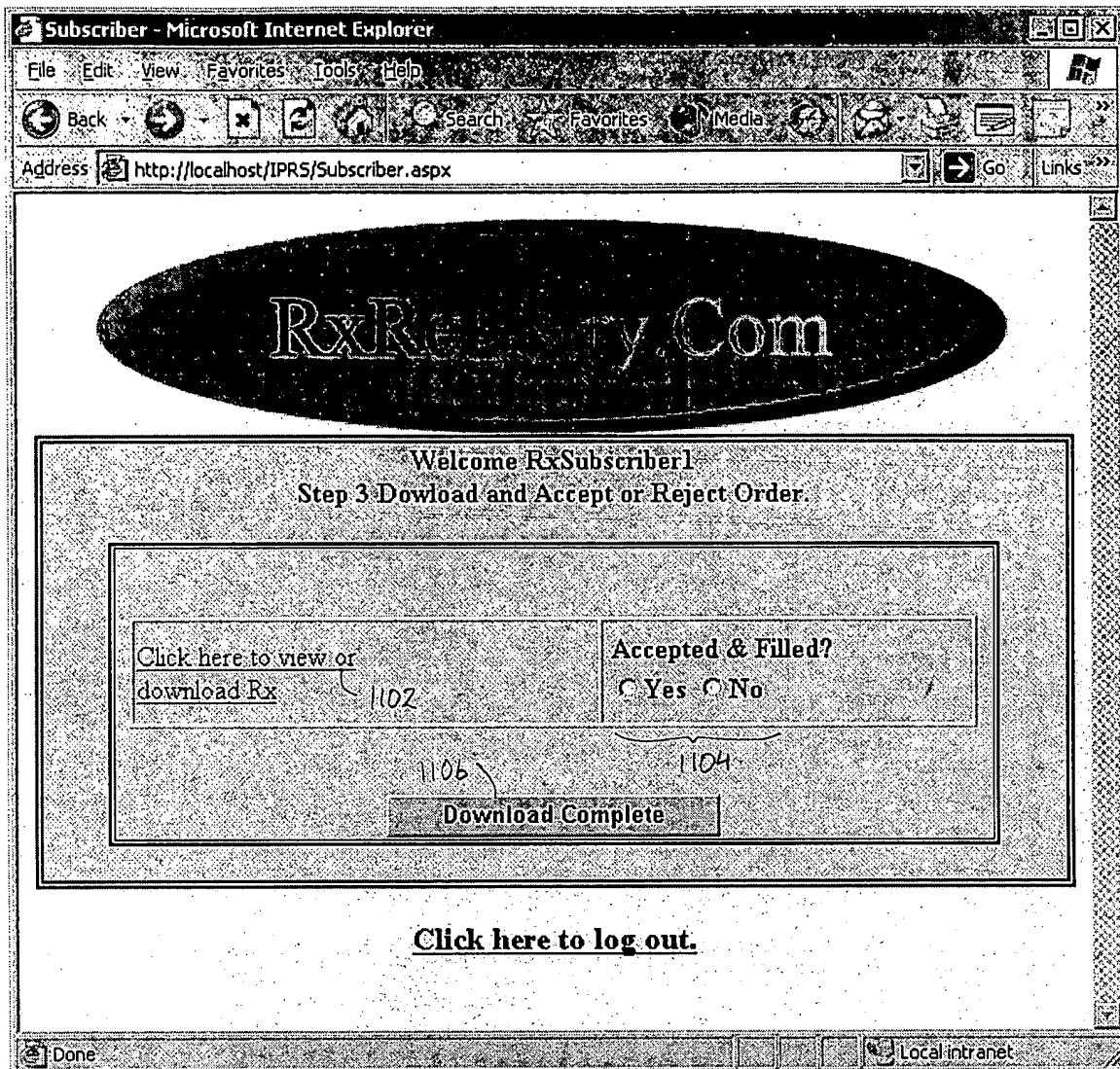
Shipping Zip: 74037

Download Rx

Done Local intranet

1000

FIG. 10



1100

FIG. 11